

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	11021202		4/16/01
O.I.P.E. CLASSIFIER			5/11/01
FORMALITY REVIEW	H-T	913	05/17/01
RESPONSE FORMALITY REVIEW	HT	987	8-28-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	1/23/01
2	1/26/01
3	1/26/01
4	1/26/01
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Claim	Date
Final	
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49	1/26/01
50	1/26/01

Claim	Date
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If more than 150 claims or 10 actions  
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